

ZONING PERMIT APPLICATION
 CITY OF CELINA, for
SIGNS

Permit # _____
 Date filed: _____
 Zoning district: _____

Principal use: _____
 Address of property: _____
 Lot # and subdivision: _____
 Estimated cost of improvements: _____
 Owner's name: _____
 Owner's address: _____

 Owner's phone: _____
 Contractor: _____
 Contractor's address: _____

 Contractor's phone: _____

The applicant hereby certifies that all information on, and attached to, this application is true and correct. The applicant also declares that no part of the land involved in this application has been previously used to provide required yard space and/or lot area for another use or building. The applicant acknowledges that all construction will be in compliance with the Construction Standards of the City of Celina and all applicable building codes.

OWNER OR OWNER'S AGENT _____

SIGNATURE

In issuing this permit the City of Celina acknowledges that the building and/or the use represented herein is in compliance with the zoning regulations of the City of Celina, Codified Ordinance Sections 1141 through 1199. It is the responsibility of the property owner to make sure that the actual construction and use are as stated on this application and plan, and to assure compliance with any other applicable laws. This permit expires one year after its issuance unless construction has reached 50% of completion.

ZONING INSPECTOR _____

SIGNATURE

JEFFREY HAZEL

DATE

FOR OFFICIAL USE ONLY

Fee: \$30.00 Paid

- Attached plans must include:** Proposed design Dimensioned site plan
 Dimensions and location of streets and drive(s) from signs Sign location(s)
 Elevations of all signs including, design, sign type, height, illumination, support and materials

Requirement checklist: Sight distance maintained? Yes No

	Regulations	Application	Staked
Total sign area	_____	_____	
Freestanding sign area	_____	_____	
Side setback	_____	_____	
Rear setback	_____	_____	
Sign height	_____	_____	_____
Number of wall signs	_____	_____	_____
Number of freestanding signs	_____	_____	_____

Additional requirements/notes: _____

Application Review: _____ Stake Check: _____
 Initials Date Initials Date